

<i>SERFF Tracking Number:</i>	<i>VLIC-126014830</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>VantisLife Insurance Company</i>	<i>State Tracking Number:</i>	<i>41413</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>Modified Benefit Whole Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: VantisLife Insurance Company	SERFF Tr Num: VLIC-126014830	State: ArkansasLH
Product Name: Modified Benefit Whole Life	SERFF Status: Closed	State Tr Num: 41413
TOI: L07I Individual Life - Whole	Co Tr Num:	State Status: Approved-Closed
Sub-TOI: L07I.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design	Co Status:	Reviewer(s): Linda Bird
Filing Type: Form	Author: Lisa Conti	Disposition Date: 02/11/2009
	Date Submitted: 01/30/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 10/05/2006
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/11/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/11/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	
Enclosed for filing are the following documents for VantisLife Insurance Company, which is domiciled in the state of Connecticut:	

CMP GGN07 AR: Modified Benefit Whole Life Insurance Policy. This plan is offered to individuals aged 50 through 80. There is no underwriting and acceptance is guaranteed. This policy offers a limited death benefit during the first two

SERFF Tracking Number: VLIC-126014830 State: Arkansas
 Filing Company: VantisLife Insurance Company State Tracking Number: 41413
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
 Premium - Any Policy Design
 Product Name: Modified Benefit Whole Life
 Project Name/Number: /

policy years for non-accidental deaths. Please see the Actuarial Memorandum for additional details regarding the limited benefit. In the event of accidental death during the first two policy years, the death benefit equals the full face amount. There are three coverage levels available - \$5,000, \$10,000 or \$15,000. Marketing is done through licensed agents and direct mail solicitation.

Please see the Actuarial Memorandum for additional details. No illustration will be used with this product.

Application form APP 2828-1 01/07 is for use with this product.

Company and Contact

Filing Contact Information

Lisa Conti, Compliance Specialist
 200 Day Hill Rd
 Windsor, CT 06095

lconti@vantislife.com
 (860) 298-5448 [Phone]
 (860) 298-5479[FAX]

Filing Company Information

VantisLife Insurance Company
 200 Day Hill Road
 Windsor, CT 06095
 (860) 298-6008 ext. [Phone]

CoCode: 68632
 Group Code:
 Group Name:
 FEIN Number: 06-0523876

State of Domicile: Connecticut
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
VantisLife Insurance Company	\$100.00	01/30/2009	25389669

<i>SERFF Tracking Number:</i>	<i>VLIC-126014830</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>Modified Benefit Whole Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/11/2009	02/11/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	02/11/2009	02/11/2009	Lisa Conti	02/11/2009	02/11/2009
Pending Industry Response	Linda Bird	02/04/2009	02/04/2009	Lisa Conti	02/04/2009	02/04/2009

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Modified Benefit Whole Life Insurance	Form	Lisa Conti	02/10/2009	02/10/2009
Application Cover Letter	Supporting Document	Lisa Conti	02/02/2009	02/02/2009
	Supporting Document	Lisa Conti	02/02/2009	02/02/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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<i>SERFF Tracking Number:</i>	<i>VLIC-126014830</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>VantisLife Insurance Company</i>	<i>State Tracking Number:</i>	<i>41413</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>Modified Benefit Whole Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Objection Letter date 2/4/09	Note To Filer	Linda Bird	02/04/2009 02/04/2009
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SERFF Tracking Number: *VLIC-126014830*

State: *Arkansas*

Filing Company: *VantisLife Insurance Company*

State Tracking Number: *41413*

Company Tracking Number:

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design*

Product Name: *Modified Benefit Whole Life*

Project Name/Number: */*

Disposition

Disposition Date: 02/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: VLIC-126014830 State: Arkansas

Filing Company: VantisLife Insurance Company State Tracking Number: 41413

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: Modified Benefit Whole Life

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document (revised)	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document (revised)	Cover Letter		Yes
Supporting Document	Application	Replaced	Yes
Supporting Document	Cover Letter	Replaced	Yes
Supporting Document	Cover Letter	Replaced	Yes
Supporting Document	Cover Letter	Replaced	Yes
Form	Modified Benefit Whole Life Insurance		Yes
Form	Modified Benefit Whole Life Insurance	Replaced	Yes

SERFF Tracking Number: VLIC-126014830 State: Arkansas
Filing Company: VantisLife Insurance Company State Tracking Number: 41413
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: Modified Benefit Whole Life
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/11/2009
Submitted Date 02/11/2009
Respond By Date
Dear Lisa Conti,
This will acknowledge receipt of the captioned filing.

Objection 1

- Cover Letter (Supporting Document)

Comment: The amended cover letter dated February 2, 2009 and the Filing Description statement contains the statement "In the event of accidental death during the first two policy years, the death benefit equals the full face amount" is in violation of Guideline Two of this bulletin.

Please feel free to contact me if you have questions.
Sincerely,
Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/11/2009
Submitted Date 02/11/2009

Dear Linda Bird,

Comments:

Ms. Bird

Response 1

Comments: Please see revised cover letter, GGN Cover Letter 2.11, attached

Related Objection 1

Applies To:
- Cover Letter (Supporting Document)

SERFF Tracking Number: VLIC-126014830 State: Arkansas
Filing Company: VantisLife Insurance Company State Tracking Number: 41413
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: Modified Benefit Whole Life
Project Name/Number: /

Comment:

The amended cover letter dated February 2, 2009 and the Filing Description statement contains the statement "In the event of accidental death during the first two policy years, the death benefit equals the full face amount" is in violation of Guideline Two of this bulletin.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Cover Letter

Comment: Please see attached revised Cover Letter. SERFF does not allow edition of the Filing Description.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Should you have any questions or require additional information please contact me directly at 860-298-5448

Sincerely,
Lisa Conti

SERFF Tracking Number: VLIC-126014830 State: Arkansas
Filing Company: VantisLife Insurance Company State Tracking Number: 41413
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: Modified Benefit Whole Life
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/04/2009
Submitted Date 02/04/2009

Respond By Date

Dear Lisa Conti,

This will acknowledge receipt of the captioned filing.

Objection 1

- Modified Benefit Whole Life Insurance (Form)
- Cover Letter (Supporting Document)

Comment: Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The Death Benefit provision statement "1st and 2nd policy year sum of: all premium paid plus interest at the rate required by law" is in violation of Guideline One of this bulletin.

The Cover Letter and the Filing Description statement "In the event of accidental death during the first two policy years, the death benefit equals the full face amount" is in violation of Guideline Two of this bulletin.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/04/2009
Submitted Date 02/04/2009

Dear Linda Bird,

Comments:

Response 1

Comments: Ms. Bird,

SERFF Tracking Number: VLIC-126014830 State: Arkansas
Filing Company: VantisLife Insurance Company State Tracking Number: 41413
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: Modified Benefit Whole Life
Project Name/Number: /

Attached hereto is the Company's correct Cover Letter. An incorrectly edited letter was submitted with our filing ammendment.

Related Objection 1

Applies To:

- Modified Benefit Whole Life Insurance (Form)
- Cover Letter (Supporting Document)

Comment:

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The Death Benefit provision statement "1st and 2nd policy year sum of: all premium paid plus interest at the rate required by law" is in violation of Guideline One of this bulletin.

The Cover Letter and the Filing Description statement "In the event of accidental death during the first two policy years, the death benefit equals the full face amount" is in violation of Guideline Two of this bulletin.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Cover Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Lisa Conti

SERFF Tracking Number: VLIC-126014830 State: Arkansas

Filing Company: VantisLife Insurance Company State Tracking Number: 41413

Company Tracking Number:

TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Product Name: Modified Benefit Whole Life

Project Name/Number: /

Amendment Letter

Amendment Date:

Submitted Date: 02/10/2009

Comments:

Ms. Bird,

In response to your objection of February 4, 2009, attached hereto is amended form CMP GGN07 AR. The amendments completed to this form include revising the Death Benefits provision to reflect death benefits in the first and second policy years to be \$160.00 per thousand of insurance (16%) in the first policy year or \$350.00 per thousand of insurance (35%) in the second policy year.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
CMP GGN07 AR	Policy/Contr act/Fraternal Benefit Certificate: Whole Life Amendment, Insurance Insert Page, Endorsement or Rider	Modified	Initial				58	GGN07AR.pdf

SERFF Tracking Number: *VLIC-126014830* *State:* *Arkansas*
Filing Company: *VantisLife Insurance Company* *State Tracking Number:* *41413*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.201 Early Duration Reduced Benefit - Level*
 Premium - Any Policy Design

Product Name: *Modified Benefit Whole Life*
Project Name/Number: */*

Note To Filer

Created By:

Linda Bird on 02/04/2009 03:28 PM

Last Edited By:

Linda Bird

Submitted On:

02/04/2009 03:28 PM

Subject:

Objection Letter date 2/4/09

Comments:

We acknowledge receipt of the Company's corrected Cover Letter. The objections were not addressed.

SERFF Tracking Number: VLIC-126014830 State: Arkansas
Filing Company: VantisLife Insurance Company State Tracking Number: 41413
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: Modified Benefit Whole Life
Project Name/Number: /

Amendment Letter

Amendment Date:

Submitted Date: 02/02/2009

Comments:

Please see revised Cover letter and Application.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Application

Comment:

App 2838-1.pdf

User Added -Name: Cover Letter

Comment:

GGN Cover Letter.pdf

SERFF Tracking Number:	VLIC-126014830	State:	Arkansas
Filing Company:	Vantislfe Insurance Company	State Tracking Number:	41413
Company Tracking Number:			
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
Product Name:	Modified Benefit Whole Life		
Project Name/Number:	/		

Form Schedule

Lead Form Number: CMP GGN07 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CMP GGN07 AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Modified Benefit Whole Life Insurance	Initial		58	GGN07AR.pdf

VANTISLIFE INSURANCE COMPANY
200 Day Hill Road
Windsor, CT 06095

In the Policy the owner is referred to us as “You” or “Your”; VantisLife Insurance Company is referred to as “We, “Our”, or “US”.

This is a legal contract between You and Us. Please read it carefully.

This plan has a limited death benefit during the first two policy years. The death benefit will be \$160.00 per thousand of insurance (16%) in the first policy year or \$350.00 per thousand of insurance (35%) in the second policy year. After the second year the Amount of Insurance shown on the schedule page will be paid to the beneficiary.

Except as noted above, we agree to pay the Beneficiary the Amount of Insurance and any other Policy proceeds payable due to the Insured’s death if the Insured dies before the Termination Date while this Policy is in force. Payment will be due upon receipt at our Home Office of due proof of the Insured’s death. This agreement is subject to the terms of the Policy.

Consideration- This policy is issued in consideration of the application and payment of the first premium. While the Insured is alive premiums must be paid as described in the Schedule of Premiums until the Termination Date.

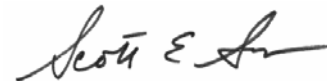
TEN DAY RIGHT TO EXAMINE POLICY – It is important to Us that You are satisfied with the Policy and that it meets Your insurance goals. Read it carefully. If You are not satisfied with it You may return it to Our Home Office or to Your agent within 10 days after you receive it. We will then cancel it as of the Issue Date and refund any premiums which have been paid. This right to examine is extended to 30 days if a replacement of existing insurance is involved.

To obtain information or to make further inquiries regarding a claim on this policy, You may call Us at 866-826-8471.

Signed for VantisLife Insurance Company at its Home Office, 200 Day Hill Road, Windsor, CT 06095.



[President and CEO]



[Senior Vice President]

MODIFIED BENEFIT WHOLE LIFE INSURANCE POLICY

Premiums Payable to Age 121

Premium Class is shown on Schedule Page

Non-Participating

Limited Death Benefit as provided herein during first two years

THE SCHEDULE PAGE

This page shows specific information about this policy and is referred to throughout the policy.

POLICY NUMBER	[028L099990]
NAME OF INSURED	[Male Fifty- Five]
ISSUE AGE	[55]
AMOUNT OF INSURANCE	[\$10,000]
TYPE OF POLICY	Modified Benefit Whole Life
AGENCY/SERVICER	[VantisLife Insurance Company]
DATE OF ISSUE	[January 27, 2009]
PREMIUM CLASS	[Standard]

SCHEDULE OF PREMIUMS

DESCRIPTION OF BENEFITS	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
Base Policy	[\$512.90]	[\$261.58]	[\$133.35]	[\$46.16]
TOTAL PREMIUMS	[\$512.90]	[\$261.58]	[\$133.35]	[\$46.16]

This plan has a limited death benefit during the first two policy years. **The death benefit will be \$160.00 per thousand of insurance (16%) in the first policy year or \$350.00 per thousand of insurance (35%) in the second policy year.** After the first two policy years, the death benefit equals the amount of insurance. Premiums are payable for the lifetime of the insured, while this policy is in force.

DATE: [1/27/2009]

ISSUER: VantisLife Insurance Company

TABLE OF VALUES

INSURED: [John Doe]
 ISSUE AGE: [55 MALE]

FOR \$10,000 INSURANCE

END OF YEAR	ATT AGE	GUARANTEED CASH VALUE	PAID-UP INSURANCE
1	56	[0.00]	[0]
2	57	[122.00]	[351]
3	58	[347.00]	[956]
4	59	[577.60]	[1,527]
5	60	[814.40]	[2,067]
6	61	[1,055.60]	[2,576]
7	62	[1,298.80]	[3,049]
8	63	[1,542.80]	[3,490]
9	64	[1,788.60]	[3,903]
10	65	[2,035.60]	[4,290]
11	66	[2,284.50]	[4,653]
12	67	[2,533.50]	[4,993]
13	68	[2,783.80]	[5,314]
14	69	[3,036.60]	[5,617]
15	70	[3,290.20]	[5,904]
16	71	[3,554.40]	[6,174]
17	72	[3,798.60]	[6,429]
18	73	[4,053.50]	[6,671]
19	74	[4,307.90]	[7,899]
20	75	[4,559.60]	[7,113]
	AGE 60	[814.40]	[2,067]
	AGE 65	[2,035.60]	[4,290]

Guaranteed Cash Value and Paid-Up Insurance amounts are computed by the Commissioners Revenue Valuation Method. Interest is at an annual rate of 5%. Mortality is based on the 2001 Commissioners Standard Ordinary Select and Ultimate Male/Female Mortality Table (Age Last Birthday). We assume premiums are paid continuously and death benefits are paid immediately.

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SECTION 1. POLICY BASICS

Owner

The original Owner of this policy is named in the attached insurance application. The Owner may be the person insured or another person or party. While the Insured is living, the Owner can:

- receive any policy benefits or values; and
- exercise any right given by the policy or by us.

The Owner may name contingent owners in case the Owner dies before the Insured. A numbered sequence may be used to list contingent owners. At any time, the Owner will be the living owner with the lowest number. If the last surviving owner dies, ownership will pass to the Insured.

The Owner may change or transfer ownership at any time. Contingent owners may also be changed. To make these changes, the Owner must notify us in a written form we approve. The changes will not take effect until we have endorsed them on the policy.

Beneficiary

A Beneficiary is any party named on our records to receive insurance proceeds when the Insured dies. The original primary Beneficiary is named in the attached application for this policy.

The Owner may name contingent beneficiaries.

There may be more than one Beneficiary in a class. If so, those named in a given class share the proceeds equally unless the Owner states otherwise. If no beneficiary is alive when the insured dies, the proceeds will be paid to the insured's estate.

The Owner may change the Beneficiary at any time while the Insured is alive. To do this, the Owner must notify us in a written form approved by us. The change will not take effect until notice is received and acknowledged by us. The change shall take effect on the date it was signed, provided we have not made any prior payment.

Beneficiaries have no rights in this policy until the Insured dies. A beneficiary's rights or benefits when the Insured dies are subject to the rights of anyone to whom this policy has been transferred as collateral security.

Issue Date

The issue date is shown on the Schedule Page. Policy months, years, and anniversaries are determined from this date.

Contract

This policy is a legal contract between the Owner and us. The entire contract consists of:

- the attached application; and
- the policy.

All statements made in the attached application, in the absence of fraud, are representations and not warranties. We will not use any statement made by the Insured or on his behalf in defense of a claim under this Policy unless it is contained in the attached written application that is endorsed upon or attached to the Policy when issued or delivered.

No one has the right to change any part of the Policy or waive any of its provisions unless the change is approved in writing by us and signed by one of our officers.

Lost Policy

The Owner may request a duplicate policy. We may, at our discretion, issue or not issue the duplicate policy. Anyone to whom this policy has been transferred as collateral security must also consent. The duplicate policy would replace this one. This policy would also be void.

SECTION 2.

PREMIUM PAYMENTS

Premium Due Date

The first premium is due on the issue date. Premiums are then due annually on each policy anniversary. All premiums after the first premium shall be payable in advance. Premiums are due for the premium period shown on the Schedule Page or to the earlier death of the Insured. Instead of being paid annually, the premium may be paid semi-annually, quarterly, or monthly. To do so, give us advance written notice.

Premiums are payable at our Home Office or that of the Servicer named in the Schedule Page. Receipts will be furnished upon request.

Grace Period

A premium payment will keep this policy in effect until 12:01 A. M. of the day the next premium is due. However, we allow each premium after the first one to be paid within 31 days after its due date. These 31 days are called a grace period.

During this period, the insurance remains in effect. If the Insured dies during the grace period and the premium has not been paid, we will deduct one month's premium from the proceeds.

Reinstatement

When a premium is not paid and the Policy has terminated, the Policy may be reinstated within three years after the end of the grace period for the unpaid premium. We require a reinstatement application signed by the Insured and the Owner. We require proof satisfactory to us the Insured is insurable.

All overdue premiums must be paid with 6% compounded yearly interest. This Policy cannot be reinstated after the Insured has died or this policy has been surrendered for its cash surrender values or terminated because the policy debt equaled or exceeded the maximum loan value.

**Our Right to
Contest Claims**

After this policy has been in effect for two years during the lifetime of the Insured from its issue date, or if reinstated from its date of reinstatement during the Insured's lifetime, we cannot contest or cancel this policy except for the nonpayment of premiums.

Reinstatement may be contested only with respect to material misstatements made in the application for reinstatement.

Suicide

If the Insured, whether sane or insane, commits suicide within two years from the issue date, we will pay only a limited benefit. The benefit will be limited to the amount of premium paid for this policy, less any amount owed to us.

Misstatement of Age or Sex

If the Insured's age or sex has been misstated, the amount payable will be adjusted to what the premiums would have bought had the right age or sex been given. The Insured's age on the issue date means his or her age, last birthday.

Death Benefit

The Death Benefit during the first and second policy year is the sum of:

- \$160.00 per thousand of insurance (16%) in the first policy year
- \$350.00 per thousand of insurance (35%) in the second policy year.
- Less any policy debt.

The Death Benefit after the second policy year is the sum of:

- the Amount of Insurance; or if this policy has lapsed, any insurance payable under the Cash Value Benefits; plus,
- the premium paid past the policy month of the Insured's death; plus,
- the interest from the date of death until our date of payment at the rate required by law; less,
- any loan; less,
- any unpaid premium for the policy month of the Insured's death.

The Death Benefit paid on the Policy will be paid as a lump sum benefit.

Automatic Premium Loans

When a premium is not paid before the end of its Grace Period, a loan to pay all unpaid premiums for the current policy year will be made if:

- the loan value, less any existing loan and interest to the end of the current policy year is enough to pay premiums; and
- the APL is in effect.

This APL is automatically in effect unless its refusal is noted in the Special Request section of the application or if we are notified later by the Owner in writing and is received by us before the end of the grace period.

The yearly interest rate on the Automatic Premium Loan is 8%. Interest is due at the end of the policy year. All or part of a premium loan can be repaid at any time.

**Non-Payment
of Premiums**

This policy may provide certain benefits in the event a premium is not paid by the end of the grace period and is not paid by premium loan. These benefits are called cash value benefits. We discuss them in Section 3. As long as the policy has cash value, these benefits may be used to prevent coverage from terminating. But if there is no cash value, the policy will terminate.

SECTION 3.

THE OWNER'S BENEFITS

Policy Loans

After the first year's premium has been paid, the Owner may borrow money on this policy. The Owner must apply in writing and transfer the policy to us as collateral security. No other security is needed. We call all outstanding premium, policy loan interest and policy loans, policy debt.

We have the right to defer the granting of a policy loan for up to six months after application for such loan, except when made to pay premiums to us.

Maximum Loan

The maximum amount that can be borrowed is the policy's cash surrender value at the end of the current policy year less any policy debt.

To obtain a maximum loan, the premium must be paid to the end of the current policy year. If it has not been paid, it must be paid from the money borrowed.

Interest Charge

The yearly interest rate on any loan is 8%. Interest is due at the end of each policy year. If the interest is not paid when due, it will be added to the policy debt and bear interest at the same rate.

Policy Debt Limit

We cannot let the policy debt, excluding any interest we have not yet earned, exceed the maximum loan value. If it does, we will use the policy's cash surrender value to repay a loan, and the policy will terminate. Failure to repay a loan or to pay the interest on it will not terminate the policy unless policy debt at the time equals or exceeds the maximum loan value. The policy will terminate 31 days after we mail a notice to the Owner's last known address and the address of any assignee.

**Other Borrowing
Rules**

Policy debt may be repaid at any time. We may delay granting any loan, other than a loan to pay premiums on this policy, for up to six months from the date the loan is requested.

Collateral Security

The Owner may assign (transfer) this policy as collateral security for a loan or other obligation. This is not a transfer of ownership. The rights of any owner and any Beneficiary will be subject to the terms of the transfer as security. A duplicate copy of the transfer must be filed with us. We are not responsible for the validity of any transfer of this policy.

Cash Value Benefits This policy has cash value - that is, a monetary value. The Table of Values on the Schedule Page shows what this value is as of the end of certain policy years.

During the first or second policy year, the cash surrender value of this policy will be the cash value less any policy debt.

Afterwards, the cash surrender value of this policy is the cash value less any policy debt.

If this policy is fully paid-up or continued in force as paid-up insurance and is surrendered within 30 days of an anniversary date, the surrender value will not be less than the cash surrender value as of such anniversary.

We reserve the right to defer the payment of any cash surrender value for no more than six months after application for the cash surrender value and surrender of this policy, except when made to pay premiums to us.

If a premium is not paid when due as described in Section 2, we will use the cash surrender value to keep the policy in effect as paid-up life insurance; this is insurance for which no further premiums are due. The amount of paid-up insurance will be determined by using the cash surrender value as a net single premium at the attained age of the Insured.

By the reserve, we mean the amount of money, which, with interest and the present value of future premiums we calculate, must be held and invested to provide the future benefits.

Policy Values The Table of Values on the Schedule Page shows the cash value and the amount of paid-up life insurance available.

The values in this table are as of the end of the policy year shown. When figuring value during a policy year, We will allow for the time since the start of the policy year and premiums paid to the calculation date.

If premium payments are stopped the policy can continue under a Guaranteed Value Option. An option is available beginning at the end of the first policy year in which values are shown in the Table of Values on the Schedule Page.

There are two forms of Guaranteed Value Options. Option 1 is the cash surrender value. Option 2 is a Paid-Up Insurance. The choice of options must be made within 60 days after the due date of the unpaid premium.

Under Option 1, We will pay the Owner the cash surrender value of this policy. The cash surrender value is defined in the Subsection: Cash Value Benefits. All insurance will stop.

Under Option 2, We will pay a level amount of insurance for your lifetime. The amount of Paid-Up Insurance will be the amount that the cash surrender value will buy as indicated in the Table of Values on the Schedule Page. If Option 1 has not been elected within 60 days after a premium was due, Option 2 will be automatic.

The policy can also be surrendered if it is in force as Paid-Up because all premiums have been paid or the policy became paid-up under Option 2. We will pay the cash surrender value as of the surrender date. If the policy is surrendered within 31 days after a policy anniversary, We will pay at least the cash surrender value on that anniversary.

We may delay payment for up to six months after We receive a request for surrender at our Home Office.

Maturity Benefit

We will pay the Cash Surrender as described in the Cash Value Benefits to the Owner if the Insured is alive on the Termination Date.

SECTION 4.

COMPUTATIONS

The cash value and paid-up insurance amounts for this policy are computed according to the method and assumptions stated in the Table Of Values. These amounts will not be less than the minimums required by the state where this policy was delivered.

SERFF Tracking Number: *VLIC-126014830*

State: *Arkansas*

Filing Company: *VantisLife Insurance Company*

State Tracking Number: *41413*

Company Tracking Number:

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design*

Product Name: *Modified Benefit Whole Life*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: VLIC-126014830 State: Arkansas
Filing Company: VantisLife Insurance Company State Tracking Number: 41413
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: Modified Benefit Whole Life
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Flesch Certification 01/30/2009
Comments:
Attachments:
CERTIFICATION OF COMPLIANCE.pdf
Cert Read.pdf

Review Status:

Satisfied -Name: Application 02/02/2009
Comments:
Attachment:
App 2838-1.pdf

Review Status:

Satisfied -Name: Cover Letter 02/10/2009
Comments:
Please see attached revised Cover Letter. SERFF does not allow edition of the Filing Description.
Attachment:
GGN Cover Letter 2.11 .pdf



CERTIFICATION OF COMPLIANCE

STATE OF ARKANSAS

COMPANY NAME: VantisLife Insurance Company

FORM NUMBER: CMP GGN07 AR
APP 2828-1 01/07

FORM DESCRIPTION: Modified Benefit Whole Life Insurance Policy
Modified Benefit Whole Life Insurance Application

I hereby certify, that the forms submitted herewith, comply with all laws, rules, bulletins and published guidelines applicable to the particular type of form.

Diane A. Maestroni

Diane A. Maestroni, ALHC
AVP of Claims and Compliance

January 29, 2009
Date



CERTIFICATION OF READABILITY

STATE OF ARKANSAS

COMPANY NAME: VantisLife Insurance Company

FORM NUMBER: CMP GGN07 AR
APP 2828-1 01/07

FORM DESCRIPTION: Modified Benefit Whole Life Insurance Policy
Modified Benefit Whole Life Insurance Application

I hereby certify that these forms meet the Flesch minimum reading ease test scores.

The combined readability Flesch score for CMP GGN07 AR and APP 2828-1 01/07 is 57.6.

Diane A. Maestroni

Diane A. Maestroni, ALHC
AVP of Claims and Compliance

January 29, 2009

Date

For Home Office Use Only

Med. Number	Issue Date	Insurance Amount
Age (last birthday)	Pol.No.	Amt. of Premium

For Agency Use Only

Agency	Producer #	
Date Prem. Rec'd	Branch #	Received by

**VANTISLIFE®**

VANTISLIFE INSURANCE COMPANY
200 Day Hill Road
Windsor, CT 06095

VantisLife Insurance Company (VantisLife) Modified Benefit Whole Life Insurance Application

Insured Information

Amount of Insurance (Check one) **Gender** (Check one)
☐ \$5,000 ☐ \$10,000 ☐ \$15,000
 ☐ Male ☐ Female

Print Your Name

Address

City, State, Zip

Home Telephone

Business Telephone

Date of Birth (mo-day-yr)

Social Security Number

Beneficiary Name(s) and Relationship to Insured

Contingent Beneficiary(s)

Owner Information (Complete only if different than insured)

Print Your Name

Address

City, State, Zip

Home Telephone

Business Telephone

Date of Birth (mo-day-yr)

Social Security Number

Relationship to Insured

Premium Payment Schedule

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
☐ Check here if you want to pay electronically (enclose voided check)

Do you have any existing Life Insurance policies or annuity contracts? NO ☐ YES ☐ -Submit state required form.

Special Request (see below): _____

I agree that; a) the information above is true and complete to the best of my knowledge and belief; b) the insurance will begin the day the first full premium is received by the licensed VantisLife Representative, subject to acceptance by VantisLife, if 1) the person to be insured is living on the day insurance is to begin; and 2) the person to be insured falls within the ages of 50 to 80. Unless stated otherwise under Special Request, the Automatic Premium Loan Provision will be effective. I understand that this plan has a limited death benefit during the first two years. The death benefit provided in the first year will be 16% of the amount of insurance and in the second year will be 35% of the amount of insurance.

Insurance products offered by VantisLife are NOT deposits, are NOT insured by the FDIC/NCUA or any other federal government agency, and are NOT obligations of, nor guaranteed by any bank or credit union.

Signature of Insured: _____ Date: _____

Signature of VantisLife Agent : _____ Date: _____

Signature of Owner: _____ Date: _____

Signed At : _____
 CITY, STATE

APP 2838-1 01/09

AGENT:
 Does sale involve replacement? ☐ Yes (Submit State Required Form.) ☐ No

Please make your check for the first premium payable to VantisLife and return with application to your VantisLife Licensed Representative.



February 2, 2009

Arkansas Insurance Department
Life & Health Division
1200 West Third Street
Little Rock, AR 72201

RE: Form Filing
NAIC #68632
CMP GGN07 AR - Modified benefit Whole Life Insurance Policy
APP 2838-1 01/07 - Modified Benefit Whole Life Insurance Application

Dear Sirs:

Enclosed for filing are the following documents for VantisLife Insurance Company, which is domiciled in the state of Connecticut:

CMP GGN07 AR: Modified Benefit Whole Life Insurance Policy. This plan is offered to individuals aged 50 through 80. There is no underwriting and acceptance is guaranteed. This policy offers a limited death benefit during the first two policy years. Please see the Actuarial Memorandum for additional details regarding the limited benefit. There are three coverage levels available - \$5,000, \$10,000 or \$15,000. Marketing is done through licensed agents and direct mail solicitation.

Please see the Actuarial Memorandum for additional details. No illustration will be used with this product.

Application form APP 2838-1 01/07 is for use with this product.

If you have any questions or need additional information, please call me at 1-860-298-6008 or email me at dmaestrone@vantislife.com.

Sincerely,

Diane A. Maestrone, ALHC
Director of Claims and Compliance
Encl.

<i>SERFF Tracking Number:</i>	<i>VLIC-126014830</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>VantisLife Insurance Company</i>	<i>State Tracking Number:</i>	<i>41413</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>Modified Benefit Whole Life</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Modified Benefit Whole Life Insurance	01/30/2009	GGN07AR.pdf
No original date	Supporting Document	Application	01/30/2009	App 2828 -1.pdf
No original date	Supporting Document	Cover Letter	02/04/2009	GGN Cover Letter 2.2 .pdf
No original date	Supporting Document	Cover Letter	02/02/2009	GGN Cover Letter.pdf
No original date	Supporting Document	Cover Letter	01/30/2009	GGN Cover Letter.pdf

VANTISLIFE INSURANCE COMPANY
200 Day Hill Road
Windsor, CT 06095

In the Policy the owner is referred to us as “You” or “Your”; VantisLife Insurance Company is referred to as “We, “Our”, or “US”.

This is a legal contract between You and Us. Please read it carefully.

This plan has a limited death benefit during the first two policy years. The death benefit will be \$160.00 per thousand of insurance (16%) in the first policy year or \$350.00 per thousand of insurance (35%) in the second policy year. After the second year the Amount of Insurance shown on the schedule page will be paid to the beneficiary.

Except as noted above, we agree to pay the Beneficiary the Amount of Insurance and any other Policy proceeds payable due to the Insured’s death if the Insured dies before the Termination Date while this Policy is in force. Payment will be due upon receipt at our Home Office of due proof of the Insured’s death. This agreement is subject to the terms of the Policy.

Consideration- This policy is issued in consideration of the application and payment of the first premium. While the Insured is alive premiums must be paid as described in the Schedule of Premiums until the Termination Date.

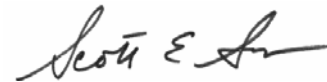
TEN DAY RIGHT TO EXAMINE POLICY – It is important to Us that You are satisfied with the Policy and that it meets Your insurance goals. Read it carefully. If You are not satisfied with it You may return it to Our Home Office or to Your agent within 10 days after you receive it. We will then cancel it as of the Issue Date and refund any premiums which have been paid. This right to examine is extended to 30 days if a replacement of existing insurance is involved.

To obtain information or to make further inquiries regarding a claim on this policy, You may call Us at 866-826-8471.

Signed for VantisLife Insurance Company at its Home Office, 200 Day Hill Road, Windsor, CT 06095.



[President and CEO]



[Senior Vice President]

MODIFIED BENEFIT WHOLE LIFE INSURANCE POLICY

Premiums Payable to Age 121

Premium Class is shown on Schedule Page

Non-Participating

Limited Death Benefit as provided herein during first two years

THE SCHEDULE PAGE

This page shows specific information about this policy and is referred to throughout the policy.

POLICY NUMBER	[028L099990]
NAME OF INSURED	[Male Fifty- Five]
ISSUE AGE	[55]
AMOUNT OF INSURANCE	[\$10,000]
TYPE OF POLICY	Modified Benefit Whole Life
AGENCY/SERVICER	[VantisLife Insurance Company]
DATE OF ISSUE	[January 27, 2009]
PREMIUM CLASS	[Standard]

SCHEDULE OF PREMIUMS

DESCRIPTION OF BENEFITS	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
Base Policy	[\$512.90]	[\$261.58]	[\$133.35]	[\$46.16]
TOTAL PREMIUMS	[\$512.90]	[\$261.58]	[\$133.35]	[\$46.16]

This plan has a limited death benefit during the first two policy years. **The death benefit will be \$160.00 per thousand of insurance (16%) in the first policy year or \$350.00 per thousand of insurance (35%) in the second policy year.** After the first two policy years, the death benefit equals the amount of insurance. Premiums are payable for the lifetime of the insured, while this policy is in force.

DATE: [1/27/2009]

ISSUER: VantisLife Insurance Company

TABLE OF VALUES

INSURED: [John Doe]
 ISSUE AGE: [55 MALE]

FOR \$10,000 INSURANCE

END OF YEAR	ATT AGE	GUARANTEED CASH VALUE	PAID-UP INSURANCE
1	56	[0.00]	[0]
2	57	[122.00]	[351]
3	58	[347.00]	[956]
4	59	[577.60]	[1,527]
5	60	[814.40]	[2,067]
6	61	[1,055.60]	[2,576]
7	62	[1,298.80]	[3,049]
8	63	[1,542.80]	[3,490]
9	64	[1,788.60]	[3,903]
10	65	[2,035.60]	[4,290]
11	66	[2,284.50]	[4,653]
12	67	[2,533.50]	[4,993]
13	68	[2,783.80]	[5,314]
14	69	[3,036.60]	[5,617]
15	70	[3,290.20]	[5,904]
16	71	[3,554.40]	[6,174]
17	72	[3,798.60]	[6,429]
18	73	[4,053.50]	[6,671]
19	74	[4,307.90]	[7,899]
20	75	[4,559.60]	[7,113]
	AGE 60	[814.40]	[2,067]
	AGE 65	[2,035.60]	[4,290]

Guaranteed Cash Value and Paid-Up Insurance amounts are computed by the Commissioners Revenue Valuation Method. Interest is at an annual rate of 5%. Mortality is based on the 2001 Commissioners Standard Ordinary Select and Ultimate Male/Female Mortality Table (Age Last Birthday). We assume premiums are paid continuously and death benefits are paid immediately.

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SECTION 1. POLICY BASICS

Owner

The original Owner of this policy is named in the attached insurance application. The Owner may be the person insured or another person or party. While the Insured is living, the Owner can:

- receive any policy benefits or values; and
- exercise any right given by the policy or by us.

The Owner may name contingent owners in case the Owner dies before the Insured. A numbered sequence may be used to list contingent owners. At any time, the Owner will be the living owner with the lowest number. If the last surviving owner dies, ownership will pass to the Insured.

The Owner may change or transfer ownership at any time. Contingent owners may also be changed. To make these changes, the Owner must notify us in a written form we approve. The changes will not take effect until we have endorsed them on the policy.

Beneficiary

A Beneficiary is any party named on our records to receive insurance proceeds when the Insured dies. The original primary Beneficiary is named in the attached application for this policy.

The Owner may name contingent beneficiaries.

There may be more than one Beneficiary in a class. If so, those named in a given class share the proceeds equally unless the Owner states otherwise. If no beneficiary is alive when the insured dies, the proceeds will be paid to the insured's estate.

The Owner may change the Beneficiary at any time while the Insured is alive. To do this, the Owner must notify us in a written form approved by us. The change will not take effect until notice is received and acknowledged by us. The change shall take effect on the date it was signed, provided we have not made any prior payment.

Beneficiaries have no rights in this policy until the Insured dies. A beneficiary's rights or benefits when the Insured dies are subject to the rights of anyone to whom this policy has been transferred as collateral security.

Issue Date

The issue date is shown on the Schedule Page. Policy months, years, and anniversaries are determined from this date.

Contract

This policy is a legal contract between the Owner and us. The entire contract consists of:

- the attached application; and
- the policy.

All statements made in the attached application, in the absence of fraud, are representations and not warranties. We will not use any statement made by the Insured or on his behalf in defense of a claim under this Policy unless it is contained in the attached written application that is endorsed upon or attached to the Policy when issued or delivered.

No one has the right to change any part of the Policy or waive any of its provisions unless the change is approved in writing by us and signed by one of our officers.

Lost Policy

The Owner may request a duplicate policy. We may, at our discretion, issue or not issue the duplicate policy. Anyone to whom this policy has been transferred as collateral security must also consent. The duplicate policy would replace this one. This policy would also be void.

SECTION 2.

PREMIUM PAYMENTS

Premium Due Date

The first premium is due on the issue date. Premiums are then due annually on each policy anniversary. All premiums after the first premium shall be payable in advance. Premiums are due for the premium period shown on the Schedule Page or to the earlier death of the Insured. Instead of being paid annually, the premium may be paid semi-annually, quarterly, or monthly. To do so, give us advance written notice.

Premiums are payable at our Home Office or that of the Servicer named in the Schedule Page. Receipts will be furnished upon request.

Grace Period

A premium payment will keep this policy in effect until 12:01 A. M. of the day the next premium is due. However, we allow each premium after the first one to be paid within 31 days after its due date. These 31 days are called a grace period.

During this period, the insurance remains in effect. If the Insured dies during the grace period and the premium has not been paid, we will deduct one month's premium from the proceeds.

Reinstatement

When a premium is not paid and the Policy has terminated, the Policy may be reinstated within three years after the end of the grace period for the unpaid premium. We require a reinstatement application signed by the Insured and the Owner. We require proof satisfactory to us the Insured is insurable.

All overdue premiums must be paid with 6% compounded yearly interest. This Policy cannot be reinstated after the Insured has died or this policy has been surrendered for its cash surrender values or terminated because the policy debt equaled or exceeded the maximum loan value.

**Our Right to
Contest Claims**

After this policy has been in effect for two years during the lifetime of the Insured from its issue date, or if reinstated from its date of reinstatement during the Insured's lifetime, we cannot contest or cancel this policy except for the nonpayment of premiums.

Reinstatement may be contested only with respect to material misstatements made in the application for reinstatement.

Suicide

If the Insured, whether sane or insane, commits suicide within two years from the issue date, we will pay only a limited benefit. The benefit will be limited to the amount of premium paid for this policy, less any amount owed to us.

**Misstatement of
Age or Sex**

If the Insured's age or sex has been misstated, the amount payable will be adjusted to what the premiums would have bought had the right age or sex been given. The Insured's age on the issue date means his or her age, last birthday.

Death Benefit

The Death Benefit during the first and second policy year is the sum of:

- all premiums paid plus interest at the rate required by law; plus,
- interest from the date of the Insured's death until our date of payment at the rate required by law; less,
- any policy debt

The Death Benefit after the second policy year is the sum of:

- the Amount of Insurance; or if this policy has lapsed, any insurance payable under the Cash Value Benefits; plus,
- the premium paid past the policy month of the Insured's death; plus,
- the interest from the date of death until our date of payment at the rate required by law;; less,
- any loan; less,
- any unpaid premium for the policy month of the Insured's death.

The Death Benefit paid on the Policy will be paid as a lump sum benefit.

**Automatic
Premium Loans**

When a premium is not paid before the end of its Grace Period, a loan to pay all unpaid premiums for the current policy year will be made if:

- the loan value, less any existing loan and interest to the end of the current policy year is enough to pay premiums; and
- the APL is in effect.

This APL is automatically in effect unless its refusal is noted in the Special Request section of the application or if we are notified later by the Owner in writing and is received by us before the end of the grace period.

The yearly interest rate on the Automatic Premium Loan is 8%. Interest is due at the end of the policy year. All or part of a premium loan can be repaid at any time.

**Non-Payment
of Premiums**

This policy may provide certain benefits in the event a premium is not paid by the end of the grace period and is not paid by premium loan. These benefits are called cash value benefits. We discuss them in Section 3. As long as the policy has cash value, these benefits may be used to prevent coverage from terminating. But if there is no cash value, the policy will terminate.

SECTION 3.

THE OWNER'S BENEFITS

Policy Loans

After the first year's premium has been paid, the Owner may borrow money on this policy. The Owner must apply in writing and transfer the policy to us as collateral security. No other security is needed. We call all outstanding premium, policy loan interest and policy loans, policy debt.

We have the right to defer the granting of a policy loan for up to six months after application for such loan, except when made to pay premiums to us.

Maximum Loan

The maximum amount that can be borrowed is the policy's cash surrender value at the end of the current policy year less any policy debt.

To obtain a maximum loan, the premium must be paid to the end of the current policy year. If it has not been paid, it must be paid from the money borrowed.

Interest Charge

The yearly interest rate on any loan is 8%. Interest is due at the end of each policy year. If the interest is not paid when due, it will be added to the policy debt and bear interest at the same rate.

Policy Debt Limit

We cannot let the policy debt, excluding any interest we have not yet earned, exceed the maximum loan value. If it does, we will use the policy's cash surrender value to repay a loan, and the policy will terminate. Failure to repay a loan or to pay the interest on it will not terminate the policy unless policy debt at the time equals or exceeds the maximum loan value. The policy will terminate 31 days after we mail a notice to the Owner's last known address and the address of any assignee.

**Other Borrowing
Rules**

Policy debt may be repaid at any time. We may delay granting any loan, other than a loan to pay premiums on this policy, for up to six months from the date the loan is requested.

Collateral Security

The Owner may assign (transfer) this policy as collateral security for a loan or other obligation. This is not a transfer of ownership. The rights of any owner and any Beneficiary will be subject to the terms of the transfer as security. A duplicate copy of the transfer must be filed with us. We are not responsible for the validity of any transfer of this policy.

Cash Value Benefits This policy has cash value - that is, a monetary value. The Table of Values on the Schedule Page shows what this value is as of the end of certain policy years.

During the first or second policy year, the cash surrender value of this policy will be the cash value less any policy debt.

Afterwards, the cash surrender value of this policy is the cash value less any policy debt.

If this policy is fully paid-up or continued in force as paid-up insurance and is surrendered within 30 days of an anniversary date, the surrender value will not be less than the cash surrender value as of such anniversary.

We reserve the right to defer the payment of any cash surrender value for no more than six months after application for the cash surrender value and surrender of this policy, except when made to pay premiums to us.

If a premium is not paid when due as described in Section 2, we will use the cash surrender value to keep the policy in effect as paid-up life insurance; this is insurance for which no further premiums are due. The amount of paid-up insurance will be determined by using the cash surrender value as a net single premium at the attained age of the Insured.

By the reserve, we mean the amount of money, which, with interest and the present value of future premiums we calculate, must be held and invested to provide the future benefits.

Policy Values The Table of Values on the Schedule Page shows the cash value and the amount of paid-up life insurance available.

The values in this table are as of the end of the policy year shown. When figuring value during a policy year, We will allow for the time since the start of the policy year and premiums paid to the calculation date.

If premium payments are stopped the policy can continue under a Guaranteed Value Option. An option is available beginning at the end of the first policy year in which values are shown in the Table of Values on the Schedule Page.

There are two forms of Guaranteed Value Options. Option 1 is the cash surrender value. Option 2 is a Paid-Up Insurance. The choice of options must be made within 60 days after the due date of the unpaid premium.

Under Option 1, We will pay the Owner the cash surrender value of this policy. The cash surrender value is defined in the Subsection: Cash Value Benefits. All insurance will stop.

Under Option 2, We will pay a level amount of insurance for your lifetime. The amount of Paid-Up Insurance will be the amount that the cash surrender value will buy as indicated in the Table of Values on the Schedule Page. If Option 1 has not been elected within 60 days after a premium was due, Option 2 will be automatic.

The policy can also be surrendered if it is in force as Paid-Up because all premiums have been paid or the policy became paid-up under Option 2. We will pay the cash surrender value as of the surrender date. If the policy is surrendered within 31 days after a policy anniversary, We will pay at least the cash surrender value on that anniversary.

We may delay payment for up to six months after We receive a request for surrender at our Home Office.

Maturity Benefit

We will pay the Cash Surrender as described in the Cash Value Benefits to the Owner if the Insured is alive on the Termination Date.

SECTION 4.

COMPUTATIONS

The cash value and paid-up insurance amounts for this policy are computed according to the method and assumptions stated in the Table Of Values. These amounts will not be less than the minimums required by the state where this policy was delivered.

For Home Office Use Only

Med. Number	Issue Date	Insurance Amount
Age (last birthday)	Pol.No.	Amt. of Premium

For Agency Use Only

Agency	Producer #	<input type="text"/>
Date Prem. Rec'd	Branch #	<input type="text"/> Received by



VANTISLIFE INSURANCE COMPANY
200 Day Hill Road
Windsor, CT 06095

VantisLife Insurance Company (VantisLife) Modified Benefit Whole Life Insurance (Guaranteed Golden®) Application

Insured Information

Amount of Insurance (Check one)

☐ \$5,000 ☐ \$10,000 ☐ \$15,000

Gender (Check one)

☐ Male ☐ Female

Print Your Name

Address

City, State, Zip

Home Telephone

Business Telephone

Date of Birth (mo-day-yr)

Social Security Number

Beneficiary Name(s) and Relationship to Insured

Contingent Beneficiary(s)

Owner Information (Complete only if different than insured)

Print Your Name

Address

City, State, Zip

Home Telephone

Business Telephone

Date of Birth (mo-day-yr)

Social Security Number

Relationship to Insured

Premium Payment Schedule

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

☐ Check here if you want to pay electronically (enclose voided check)

☐ Check here if coverage will replace an existing policy and submit state required form

Special Request (see below): _____

I agree that; a) the information above is true and complete to the best of my knowledge and belief; b) the insurance will begin the day the first full premium is received by the licensed VantisLife Representative, subject to acceptance by VantisLife, if 1) the person to be insured is living on the day insurance is to begin; and 2) the person to be insured falls within the ages of 50 to 80. Unless stated otherwise under Special Request, the Automatic Premium Loan Provision will be effective. I understand that during the first two years of the policy, the insurance will provide only a return of premiums paid plus interest, unless death is accidental. If death is accidental, full benefits would be payable. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject of fines and confinement in prison.

Insurance products offered by VantisLife are NOT deposits, are NOT insured by the FDIC/NCUA or any other federal government agency, and are NOT obligations of, nor guaranteed by any bank or credit union.

Signature of Insured: _____ Date: _____

Signature of VantisLife Agent: _____ Date: _____

Signature of Owner: _____ Date: _____

Signed At: _____ CITY, STATE

AGENT:

Does sale involve replacement? ☐ Yes (Submit state required form.) ☐ No

APP 2828-1 01/07

Please make your check for the first premium payable to VantisLife and return with application to your VantisLife Licensed Representative.



February 2, 2009

Arkansas Insurance Department
Life & Health Division
1200 West Third Street
Little Rock, AR 72201

RE: Form Filing
NAIC #68632
CMP GGN07 AR - Modified benefit Whole Life Insurance Policy
APP 2838-1 01/07 - Modified Benefit Whole Life Insurance Application

Dear Sirs:

Enclosed for filing are the following documents for VantisLife Insurance Company, which is domiciled in the state of Connecticut:

CMP GGN07 AR: Modified Benefit Whole Life Insurance Policy. This plan is offered to individuals aged 50 through 80. There is no underwriting and acceptance is guaranteed. This policy offers a limited death benefit during the first two policy years for non-accidental deaths. Please see the Actuarial Memorandum for additional details regarding the limited benefit. In the event of accidental death during the first two policy years, the death benefit equals the full face amount. There are three coverage levels available - \$5,000, \$10,000 or \$15,000. Marketing is done through licensed agents and direct mail solicitation.

Please see the Actuarial Memorandum for additional details. No illustration will be used with this product.

Application form APP 2838-1 01/07 is for use with this product.

If you have any questions or need additional information, please call me at 1-860-298-6008 or email me at dmaestrone@vantislife.com.

Sincerely,

Diane A. Maestrone, ALHC
Director of Claims and Compliance
Encl.



February 2, 2009

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Life & Health Division
1200 West Third Street
Little Rock, AR 72201

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Sincerely,

Diane A. Maestrone, ALHC
Director of Claims and Compliance
Encl.



January 30, 2009

Arkansas Insurance Department
Life & Health Division
1200 West Third Street
Little Rock, AR 72201

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